

# Forms Reorder Request: Vision Care

Page updated: September 2020

This section explains how to complete the *Provider Forms Reorder Request for Vision Care*. Providers who need a *Provider Forms Reorder Request* for either hard copy or electronic billing should contact the Telephone Service Center (TSC) at 1-800-541-5555.

CALIFORNIA MMIS FISCAL INTERMEDIARY		PROVIDER FORMS REORDER REQUEST for VISION CARE					
FORM NUMBER	TITLE	INDICATE QUANTITY DESIRED (X)				OTHER (Indicate Amount)	ENVELOPES (Indicate Amount) (500 per box)
		100	300	500	1250		
	(91240-E) Envelopes for VISION CARE and APPLIANCES						
50-3	TREATMENT AUTHORIZATION REQUEST (TAR) 1-Part (FAX)						
60-1	CLAIMS INQUIRY (CIF) 2-Part (1200 per box)						
60-1C	CLAIMS INQUIRY (CIF) 2-Part (Continuous Pin-Fed) (1250 per box)					2000	100
DHCS 6006 (OPT-PAD)	PRESCRIPTION FOR OPHTHALMIC EYEWEAR 1-Part (50 per box)						
90-1	APPEAL 2-Part (1200 per box)	X					50

IF YOU HAVE QUESTIONS REGARDING CHANGE OF ADDRESS, PLEASE CALL 1-800-541-5555.

ORDER ONLY A 2- to 3-MONTH SUPPLY, ALLOWING 2-3 WEEKS FOR DELIVERY.

PROVIDER NUMBER
0123456789

Note: Provider number or billing service submitter number must be entered or orders cannot be processed.

CONTACT PERSON: JANE SMITH

PHONE NUMBER: (916) 555-5555

#202 PROPubs 12/18

ATTENTION:  
Medi-Cal Biller  
Speedy Optical  
1234 Clear View Lane  
Sacramento, CA 95862

**Figure 1:** Sample California MMIS Fiscal Intermediary  
*Provider Forms Reorder Request for Vision Care*

## **Explanation of Form Items**

Item	Description
1	<b>Indicate Quantity Desired (X):</b> Mark one of the quantity boxes or indicate “other” amount desired.
2	<b>Envelopes:</b> Indicate number of envelopes requested.
3	<b>Ship To Address:</b> Enter the name and address where the Forms are to be shipped. Include an “Attention” line. <u>Do not</u> use a P.O. Box.
4	<b>Provider Number:</b> The provider number or billing service submitter number <u>must</u> be in this box or the <i>Provider Forms Reorder Request</i> form will be returned.

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.